

United States District Court Eastern District of Michigan

United States of America

V.

BALJINDER PANNU

Case Number: 11CR20443-1

USM Number: 45563-039

AMENDED JUDGMENT IN A CRIMINAL CASE (For Offenses Committed On or After November 1, 1987)

Date of Original Judgment: 01/23/2013
(or date of Last Amended Judgment)

KAREN DAVIS ROBERTS AND KATHLEEN BLISS
Defendant's Attorney

Reason for Amendment:

NAME OF VICTIM PAYEE ADDED TO PAGE FIVE (5).

■ Pledged guilty to count(s) ONE.

<u>Title & Section</u>	<u>Nature of Offense</u>	<u>Offense Ended</u>	<u>Count</u>
42:USC:1320a-7b	ILLEGAL REMUNERATIONS	12/2009	ONE

The defendant is sentenced as provided in pages **2 through 5** of this judgment. This sentence is imposed pursuant of the Sentencing Reform Act of 1984

IT IS FURTHER ORDERED that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the court and United States attorney of material changes in economic circumstances.

02/07/2013
Date of Imposition of Judgment



s/Marianne O Battani
United States District Judge

February 07, 2013
Date Signed

DEFENDANT: BALJINDER PANNU
CASE NUMBER: 11CR20443-1

IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of: **18 MONTHS**

The court makes the following recommendations to the Bureau of Prisons: **MEDICAL TREATMENT FACILITY.**

PLACE OF CONFINEMENT IN OR NEAR THE STATE OF NEVADA.

INMATE FINANCIAL RESPONSIBILITY PROGRAM.

The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prison: **as notified by the United States Marshal.**

RETURN

I have executed this judgment as follows:

Defendant delivered on _____ to _____ a
_____, with a certified copy of this judgment.

United States Marshal

Deputy United States Marshal

DEFENDANT: BALJINDER PANNU
CASE NUMBER: 11CR20443-1

SUPERVISED RELEASE

Upon release from imprisonment, the defendant shall be on supervised release for a term of: **24 MONTHS. (SUPERVISED RELEASE TO BE SERVED IN THE STATE OF NEVADA).**

The defendant must report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

The defendant shall not commit another federal, state or local crime.

If the defendant is convicted of a felony offense, DNA collection is required by Public Law 108-405.

The defendant shall not unlawfully possess a controlled substance. The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as determined by the court. Revocation of supervised release is mandatory for possession of a controlled substance.

■ The above drug testing condition is suspended, based on the court's determination that the defendant poses a low risk of future substance abuse.

If this judgment imposes a fine or restitution, it is a condition of supervised release that the defendant pay in accordance with the Schedule of Payments sheet of this judgment.

The defendant must comply with the standard conditions that have been adopted by this court as well as with any additional conditions on the attached page.

STANDARD CONDITIONS OF SUPERVISION

- 1) the defendant shall not leave the judicial district without the permission of the court or probation officer;
- 2) the defendant shall report to the probation officer and shall submit a truthful and complete written report within the first five days of each month;
- 3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
- 4) the defendant shall support his or her dependents and meet other family responsibilities;
- 5) the defendant shall work regularly at a lawful occupation, unless excused by the probation officer for schooling, training, or other acceptable reasons;
- 6) the defendant shall notify the probation officer at least ten days prior to any change in residence or employment;
- 7) the defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any controlled substance or any paraphernalia related to any controlled substances, except as prescribed by a physician;
- 8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
- 9) the defendant shall not associate with any persons engaged in criminal activity and shall not associate with any person convicted of a felony, unless granted permission to do so by the probation officer;
- 10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
- 11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
- 12) the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court;
- 13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement; and
- 14) the defendant shall not possess a firearm, ammunition, destructive device, or any other dangerous weapon. Revocation of supervised release is mandatory for possession of a firearm.

DEFENDANT: BALJINDER PANNU
CASE NUMBER: 11CR20443-1

SPECIAL CONDITIONS OF SUPERVISION

- The defendant shall make monthly payments on any remaining balance of the: **restitution, fine, special assessment** at a rate and schedule recommended by the Probation Department and approved by the Court.
- The defendant shall not incur any new credit charges or open additional lines of credit without the approval of the probation officer.
- The defendant shall provide the probation officer access to any requested financial information.

THE DEFENDANT SHALL PROVIDE THE PROBATION OFFICER ACCESS TO ANY REQUESTED FINANCIAL INFORMATION, INCLUDING PERSONAL INCOME TAX RETURNS, AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION, AND ANY OTHER BUSINESS FINANCIAL INFORMATION IN WHICH YOU HAVE A CONTROL OR INTEREST.

THE DEFENDANT SHALL SUBMIT TO THE SEARCH OF YOUR PERSON, PROPERTY, RESIDENCE OR AUTOMOBILE UNDER YOUR CONTROL BY THE PROBATION OFFICER OR ANY OTHER AUTHORIZED PERSON UNDER THE IMMEDIATE AND PERSONAL SUPERVISION OF THE PROBATION OFFICER, WITHOUT A SEARCH WARRANT TO ENSURE COMPLIANCE WITH ALL CONDITIONS OF RELEASE.

THE DEFENDANT IS TO FULLY COOPERATE WITH THE INTERNAL REVENUE SERVICE BY FILING ALL DELINQUENT OR AMENDED RETURNS WITHIN SIX MONTHS OF THE SENTENCE DATE AND TO TIMELY FILE ALL FUTURE RETURNS THAT COME DUE DURING THE PERIOD OF SUPERVISED RELEASE. THE DEFENDANT IS TO PROPERLY REPORT ALL CORRECT TAXABLE INCOME AND CLAIM ONLY ALLOWABLE EXPENSES ON THOSE RETURNS. THE DEFENDANT IS TO PROVIDE ALL APPROPRIATE DOCUMENTATION IN SUPPORT OF SAID RETURNS. UPON REQUEST, THE DEFENDANT IS TO FURNISH THE INTERNAL REVENUE SERVICE WITH INFORMATION PERTAINING TO ALL ASSETS AND LIABILITIES, AND THE DEFENDANT IS TO FULLY COOPERATE BY PAYING ALL TAXES, INTEREST AND PENALTIES DUE, AND OTHERWISE COMPLY WITH THE TAX LAWS OF THE UNITED STATES.

THE DEFENDANT IS TO MAKE ARRANGEMENTS WITH THE INTERNAL REVENUE SERVICE REGARDING A MONTHLY PAYMENT PLAN CONCERNING THE PAYMENT OF BACK TAXES, PLUS ANY INTEREST OR PENALTIES THAT MAY ACCRUE, IN THE EVENT SUCH IS APPLICABLE. THE DEFENDANT IS TO PROVIDE THE PAYMENT ARRANGEMENT SCHEDULE WITH THE INTERNAL REVENUE SERVICE TO THE PROBATION OFFICER.

DEFENDANT: BALJINDER PANNU
CASE NUMBER: 11CR20443-1

CRIMINAL MONETARY PENALTIES

	Assessment	Fine	Restitution
TOTALS:	\$ 100.00	\$ 25,000.00	\$ 560,000.00

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

Name of Payee	Total Loss*	Restitution Ordered	Priority or Percentage
MEDICARE TRUST FUND c/o CMS OFFICE FINANCIAL MGT. DIV. OF ACCOUNTING OPERATIONS MAIL STOP C3-09-27 7500 SECURITY BALTIMORE, MARYLAND 21244	\$0.00	\$560,000.00	
TOTALS:	\$ 0.00	\$ 560,000.00	

The court determined that the defendant does not have the ability to pay interest and it is ordered that:

the interest requirement is waived for the fine

* Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

United States District Court

Eastern District of Michigan

United States of America

V.

BALJINDER PANNU

JUDGMENT IN A CRIMINAL CASE

Case Number: 11CR20443-1

USM Number: 45563-039

KAREN DAVIS ROBERTS AND KATHLEEN
BLISS

Defendant's Attorney

THE DEFENDANT:

■ Plead guilty to count(s) **ONE**.

The defendant is adjudicated guilty of these offenses:

<u>Title & Section</u>	<u>Nature of Offense</u>	<u>Offense Ended</u>	<u>Count</u>
42:USC:1320a-7b	ILLEGAL REMUNERATIONS	12/2009	ONE

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01/23/2013

Date of Imposition of Judgment



s/Marianne O Battani

United States District Judge

January 25, 2013

Date Signed

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The court determined that the defendant does not have the ability to pay interest and it is ordered that:

the interest requirement is waived for the fine and restitution

* Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

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FILED

FEB 29 2012
CLERK'S OFFICE
U.S. DISTRICT COURT
EASTERN MICHIGAN

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

UNITED STATES OF AMERICA,

No. 11-cr-20443

Plaintiff,

HON. MARIANNE O. BATTANI

-vs-

OFFENSE(s): 42 U.S.C. §1320a-7b

D-1 BALJINDER PANNU

MAXIMUM PENALTY: 5 years in prison

Defendant.

MAXIMUM FINE: \$25,000

SUPVRLs: 2 to 3 years

RULE 11 PLEA AGREEMENT

Pursuant to Rule 11 of the Federal Rules of Criminal Procedure, **BALJINDER PANNU**, defendant, and the government agree as follows:

1. **GUILTY PLEA(S)**

A. **Count(s) of Conviction**

Defendant will enter a plea of guilty to **Count 1 OF THE INFORMATION**, which charges a violation of 42 U.S.C. §1320(a)-7(b) and for which the penalty is 5 years in prison and/or \$25,000 fine.

B. **Elements of Offense(s)**

defendant paid remunerations to persons to induce the persons to refer patients for medical services which were paid for by medicare and the defendant did so knowingly and willfully.

C. Factual Basis for Guilty Plea(s)

The following facts are a sufficient and accurate basis for defendant's guilty plea:

1. Between, January 2009 and ,December 2009, Baljinder Pannu operated a medical practice known as the Pain Management Center. Baljinder was an approved Medicare provider and could be paid by Medicare for services provided to beneficiaries necessary for the diagnosis and treatment of illness or injury. Baljinder Pannu made payments to recruiters to induce recruiters to refer Medicare beneficiaries to go to the Pain Management Center and receive medical services. Medicare was billed and Baljinder Pannu was paid for services which were rendered. As a result of the payments, Medicare paid more than \$400,000.

2. SENTENCING GUIDELINES

A. Standard of Proof

The Court will find sentencing factors by a preponderance of the evidence.

B. Agreed Guideline Range

There are no sentencing guideline disputes. Except as provided below, defendant's

guideline range is 30 to 37 months, as set forth on the attached worksheets. If the Court finds:

a) that defendant's criminal history category is higher than reflected on the attached worksheets, or

b) that the offense level should be higher because, after pleading guilty, defendant made any false statement to or withheld information from his probation officer; otherwise demonstrated a lack of acceptance of responsibility for his offense(s); or obstructed justice or committed any crime,

and if any such finding results in a guideline range higher than 30 to 37 months, the higher guideline range becomes the agreed range. However, if the Court finds that defendant is a career offender, an armed career criminal, or a repeat and dangerous sex offender as defined under the sentencing guidelines or other federal law, and that finding is not already reflected in the attached worksheets, this paragraph does *not* authorize a corresponding increase in the agreed range.

Neither party may take a position concerning the applicable guidelines that is different than any position of that party as reflected in the attached worksheets, except as is set forth in this agreement.

3. SENTENCE

The Court will impose a sentence pursuant to 18 U.S.C. §3553, and in doing so must consider the sentencing guideline range.

A. Imprisonment

Pursuant to Federal Rule of Criminal Procedure 11(c)(1)(C) the sentence of imprisonment in this case may not exceed the top of the sentencing guideline range as determined by Paragraph 2B.

B. Supervised Release

A term of supervised release follows the term of imprisonment. The Court **must** impose a term of supervised release on Count 1 of no less than 2 years but no more than 3 years. The agreement concerning imprisonment described above in Paragraph 3A does not apply to any term of imprisonment that results from any later revocation of supervised release.

C. Special Assessment(s)

Defendant will pay a special assessment of **\$100** and must provide the government with a receipt for the payment before sentence is imposed.

D. Fine

The Court may impose a fine on each count of conviction in any amount up to **\$25,000**.

E. Restitution

The Court shall order restitution to every identifiable victim of defendant's offense. There is no agreement on restitution. The Court will determine who the

victims are and the amounts of restitution they are owed.

F. Forfeiture

As part of this plea agreement, Defendant agrees to the forfeiture to the government of the amount of the defendant currency specified below that is the subject of the government's Complaint for Forfeiture in the civil case entitled United States of America vs. \$838,451.64, et al, filed in the Eastern District of Michigan on or about April 29, 2010, assigned Case No. 10-11747 and incorporated by reference herein (hereinafter the "civil case"). By entering into this plea agreement defendant acknowledges that a legal basis for the forfeiture of the currency and accrued interest exists under 18 U.S.C. §§ 981(a)(1)(A) and 981(a)(1)(C).

Defendant agrees that, at or before sentencing, he will agree to a lift of the stay of the civil forfeiture proceeding and that he will execute a Stipulation for Entry of a Consent Judgment and Final Order of Forfeiture ("Stipulation") in the above-referenced civil case upon presentment of same by the U.S. Attorney's office, forfeiting whatever right, title or interest he has in \$817,301.88 or 92.5% of the defendant account proceeds, and any interest earned thereon. The government agrees to the return of \$66,267.72 or 7.5% of the defendant account proceeds, payable to the Defendant and his attorney, jointly, as will be specified in the Stipulation.

The Defendant agrees not to contest and hereby waives any challenges to the forfeiture provisions of this agreement and of the Stipulation in the civil case by direct

appeal, habeas corpus or otherwise; whether under Double Jeopardy, the Excessive Fines Clause of the Eighth Amendment, Fed. R. Crim. P. 43(a), or on some other ground.

At the discretion of the Attorney General, or his or her designee, the Asset Forfeiture Money Laundering Section of the Criminal Division of the Department of Justice, some or all of the funds forfeited in the civil case by operation of this Rule 11 Plea Agreement and the Consent Judgment and Final Order of Forfeiture to be executed and entered by the Court in the civil case, may be applied toward restitution by means of remission or restoration as authorized under Part 9 of Title 28 of the Code of Federal Regulations.

4.B. Use of Withdrawn Guilty Plea

If the Court allows defendant to withdraw her guilty plea for a "fair and just reason" pursuant to Fed. R. Crim. P. 11(d)(2)(B) , defendant waives his rights under Fed. R. Evid. 410, and the government may use his guilty plea, any statement made under oath at the change-of-plea hearing, and the factual basis statement in this plea agreement, against his in any proceeding.

Part 3.

5. WAIVER OF RIGHT TO APPEAL

If the sentence imposed does not exceed the maximum allowed by Part 3 of this

agreement, defendant waives any right he has to appeal his conviction or sentence. If the sentence imposed is within the guideline range determined by Paragraph 2B the government agrees not to appeal the sentence, but retains its right to appeal any sentence below that range.

6. CONSEQUENCES OF WITHDRAWAL OF GUILTY PLEA(S) OR VACATION OF CONVICTION(S)

If defendant is allowed to withdraw his guilty plea(s) or if any conviction entered pursuant to this agreement is vacated, the Court shall, on the government's request, reinstate any charges that were dismissed as part of this agreement. If additional charges are filed against defendant within six months after the date the order vacating defendant's conviction or allowing him to withdraw his guilty plea(s) becomes final, which charges relate directly or indirectly to the conduct underlying the guilty plea(s) or to any conduct reflected in the attached worksheets, defendant waives his right to challenge the additional charges on the ground that they were not filed in a timely manner, including any claim that they were filed after the limitations period expired.

7. PARTIES TO PLEA AGREEMENT

Unless otherwise indicated, this agreement does not bind any government agency except the United States Attorney's Office for the Eastern District of Michigan.

8. SCOPE OF PLEA AGREEMENT

This agreement, which includes all documents that it explicitly incorporates, is the complete agreement between the parties. It supersedes all other promises,

representations, understandings, and agreements between the parties concerning the subject matter of this plea agreement that are made at any time before the guilty plea is entered in court. Thus, no oral or written promises made by the government to defendant or to the attorney for defendant at any time before defendant pleads guilty are binding except to the extent they have been explicitly incorporated into this agreement.

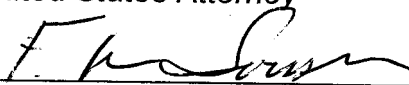
This agreement does not prevent any civil or administrative actions against defendant, or any forfeiture claim against any property, by the United States or any other party.

9. ACCEPTANCE OF AGREEMENT BY DEFENDANT

This plea offer expires unless it has been received, fully signed, in the Office of the United States Attorney by 5:00 P.M. on ~~August~~^{OCTOBER} 17, 2011. The government reserves the right to modify or revoke this offer at any time before defendant pleads guilty.

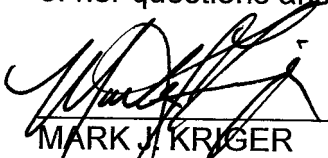

WAYNE F. PRATT
Assistant United States Attorney

BARBARA L. McQUADE
United States Attorney



F. WILLIAM SOISSON
Assistant United States Attorney

Date: 2/29/12

By signing below, defendant acknowledges that she has read (or been read) this entire document, understands it, and agrees to its terms. She also acknowledges that she is satisfied with his attorney's advice and representation. Defendant agrees that she has had a full and complete opportunity to confer with her lawyer, and has had all of her questions answered by his lawyer.


MARK J. KRIGER
Attorney for Defendant

Date: 2/28/12


BALJINDER PANNU
Defendant

WORKSHEET B (Multiple Counts)**Instructions (U.S.S.G. ch. 3, pt. D):**

- Group the counts of conviction into distinct Groups of Closely Related Counts. "All counts involving substantially the same harm shall be grouped together into a single Group." (See U.S.S.G. § 3D1.2.)
- Determine the offense level applicable to each Group. (See U.S.S.G. § 3D1.3.)
- Determine the combined offense level by assigning "units" to each Group as follows (see U.S.S.G. § 3D1.4):
 - assign 1 unit to the Group with the highest offense level,
 - assign 1 unit to each additional Group that is equally serious as, or 1 to 4 levels less serious than, the Group with the highest offense level,
 - assign ½ unit to each Group that is 5 to 8 levels less serious than the Group with the highest offense level,
 - assign no units to each Group that is 9 or more levels less serious than the Group with the highest offense level.

1.	GROUP ONE: COUNTS _____ ADJUSTED OFFENSE LEVEL	<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 80px; height: 40px; text-align: center; vertical-align: middle;">unit</div>
2.	GROUP TWO: COUNTS _____ ADJUSTED OFFENSE LEVEL	<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 80px; height: 40px; text-align: center; vertical-align: middle;">unit</div>
3.	GROUP THREE: COUNTS _____ ADJUSTED OFFENSE LEVEL	<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 80px; height: 40px; text-align: center; vertical-align: middle;">unit</div>
4.	GROUP FOUR: COUNTS _____ ADJUSTED OFFENSE LEVEL	<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 80px; height: 40px; text-align: center; vertical-align: middle;">unit</div>
5.	TOTAL UNITS		<div style="border: 1px solid black; width: 80px; height: 40px; text-align: center; vertical-align: middle;">units</div>
6.	INCREASE IN OFFENSE LEVEL 1 unit → no increase 2½-3 units → add 3 levels 1½ units → add 1 level 3½-5 units → add 4 levels 2 units → add 2 levels >5 levels → add 5 levels	<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto;"></div>	
7.	ADJUSTED OFFENSE LEVEL OF GROUP WITH THE HIGHEST OFFENSE LEVEL	<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto;"></div>	
8.	COMBINED ADJUSTED OFFENSE LEVEL		<div style="border: 3px solid black; width: 80px; height: 40px; text-align: center; vertical-align: middle;">22</div>

Enter the sum of the offense levels entered in Items 6 and 7.

WORKSHEET C (Criminal History)

Date of defendant's commencement of the instant offense (taking into account relevant conduct and stipulated offenses): _____

1. PRIOR SENTENCES

Prior Sentence of Imprisonment Exceeding 13 Months (U.S.S.G. §§ 4A1.1(a)): **3 POINTS**

Enter 3 points for each prior adult sentence of imprisonment exceeding one year and one month that either (1) was imposed within 15 years of the defendant's commencement of the instant offenses (taking into account relevant conduct and stipulated offenses) or (2) resulted in the defendant's confinement during any part of that 15-year period. (See U.S.S.G. §§ 4A1.1(a), 4A1.2(d)(1), (e)(1).)

Prior Sentence of Imprisonment of at Least 60 Days (U.S.S.G. §§ 4A1.1(b)): **2 POINTS**

Enter 2 points for each prior sentence of imprisonment of at least 60 days not counted under U.S.S.G. § 4A1.1(a) that either (1) resulted from an offense committed after the defendant turned 18 and was imposed within 10 years of the defendant's commencement of the instant offense (taking into account relevant conduct and stipulated offenses) (see U.S.S.G. §§ 4A1.1(b), 4A1.2(e)(2)) or (2) resulted from an offense committed before the defendant turned 18 and resulted in the defendant's confinement during any part of the 5-year period preceding the defendant's commencement of the instant offense (see U.S.S.G. §§ 4A1.1(b), 4A1.2(d)(2)(A)).

Other Prior Sentences (U.S.S.G. §§ 4A1.1(c)): **1 POINT**

Enter 1 point for each prior sentence not counted under U.S.S.G. § 4A1.1(a) or (b) that either (1) resulted from an offense committed after the defendant turned 18 and was imposed within 10 years of the defendant's commencement of the instant offense (taking into account relevant conduct and stipulated offenses) (see U.S.S.G. §§ 4A1.1(c), 4A1.2(e)(2)) or (2) resulted from an offense committed before the defendant turned 18 and was imposed within 5 years of the defendant's commencement of the instant offense (taking into account relevant conduct and stipulated offenses) (see U.S.S.G. §§ 4A1.1(c), 4A1.2(d)(2)(B)). NOTE: No more than 4 points may be added under this item.

<u>Date of Imposition</u>	<u>Status*</u>	<u>Offense</u>	<u>Sentence</u>	<u>Release Date**</u>	<u>Points</u>
_____	_____	_____	_____	_____	<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>
_____	_____	_____	_____	_____	<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>
_____	_____	_____	_____	_____	<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>

* If the defendant committed the offense before turning 18, indicate whether he or she was sentenced as a juvenile (J) or as an adult (A).

** A release date is required in only three situations: (1) when a sentence covered under U.S.S.G. § 4A1.1(a) was imposed more than 15 years before the defendant's commencement of the instant offense (taking into account relevant conduct and stipulated offenses) but resulted in his or her confinement during any part of that 15-year period; (2) when a sentence counted under U.S.S.G. § 4A1.1(b) was imposed for an offense committed before the defendant turned 18 but resulted in his or her confinement during any part of the 5-year period preceding his or her commencement of the instant offense (taking into account relevant conduct and stipulated offenses); and (3) when 2 criminal history points are added pursuant to U.S.S.G. § 4A1.1(e) because the defendant committed the instant offense (taking into account relevant conduct and stipulated offenses) shortly after or during imprisonment resulting from a sentence counted under U.S.S.G. § 4A1.1(a) or (b) or while he or she was on escape status for such a sentence.

(rev. 06/99)

(WORKSHEET C, p. 2)

2. COMMISSION OF INSTANT OFFENSE WHILE UNDER PRIOR SENTENCE (U.S.S.G. § 4A1.1(d))

Enter 2 points if the defendant committed any part of the instant offense (taking into account relevant conduct and stipulated offenses) while under any criminal justice sentence having a custodial or supervisory component, including probation, parole, supervised release, imprisonment, work release, and escape status. (See U.S.S.G. §§ 4A1.1(d), 4A1.2(m), (n).) List the type of control and identify the sentence from which it resulted.

3. COMMISSION OF INSTANT OFFENSE SHORTLY AFTER OR DURING IMPRISONMENT (U.S.S.G. § 4A1.1(e))

Enter 2 points if the defendant committed any part of the instant offense (taking into account relevant conduct and stipulated offenses) either less than 2 years after release from imprisonment on a sentence counted under U.S.S.G. §§ 4A1.1(a) or 4A1.1(b) or while in imprisonment or escape status on such a sentence. However enter, only 1 point for this item if 2 points were added under Item 2. (See U.S.S.G. §§ 4A1.1(e), 4A1.2(n).) List the date of release and identify the sentence from which it resulted.

4. PRIOR SENTENCE RESULTING FROM CRIME OF VIOLENCE (U.S.S.G. § 4A1.1(f))

Enter 1 point for each prior sentence resulting from a conviction for a crime of violence that did not receive any points under U.S.S.G. § 4A1.1(a), (b), or (c) because such sentence was considered related to another sentence resulting from a conviction for a crime of violence. But enter no points where the sentences are considered related because the offenses occurred on the same occasion. (See U.S.S.G. §§ 4A1.1(f), 4A1.2(p).) Identify the crimes of violence and briefly explain why the cases are considered related. NOTE: No more than 3 points may be added under this item.

5. TOTAL CRIMINAL HISTORY POINTS

Enter the sum of the criminal history points entered in Items 1-4.

6. CRIMINAL HISTORY CATEGORYTotal Criminal History PointsCriminal History Category

0 – 1

I

2 – 3

II

4 – 6

III

7 – 9

IV

10 – 12

V

≥ 13

VI

WORKSHEET D (Guideline Range)**1. (COMBINED) ADJUSTED OFFENSE LEVEL**

Enter the adjusted offense level entered in Item 3 of Worksheet A or the combined adjusted offense level entered in Item 8 of Worksheet B.

22

2. ADJUSTMENT FOR ACCEPTANCE OF RESPONSIBILITY (U.S.S.G § 3E1.1)

3

3. TOTAL OFFENSE LEVEL

Enter the difference between Items 1 and 2.

19

4. CRIMINAL HISTORY CATEGORY

Enter "I" if the defendant has no criminal history. Otherwise, enter the criminal history category entered in Item 6 of Worksheet C.

I

5. CAREER OFFENDER / CRIMINAL LIVELIHOOD / ARMED CAREER CRIMINAL (U.S.S.G. ch. 4, pt. B)

a. Total Offense Level: If the career offender provision (U.S.S.G. § 4B1.1), the criminal livelihood provision (U.S.S.G. § 4B1.3), or the armed career criminal provision (U.S.S.G. § 4B1.4) results in a total offense level higher than the total offense level entered in Item 3, enter the higher offense level total.

b. Criminal History Category: If the career offender provision (U.S.S.G. § 4B1.1) or the armed career criminal provision (U.S.S.G. § 4B1.4) results in a criminal history category higher than the criminal history category entered in Item 4, enter the higher criminal history category.

6. GUIDELINE RANGE FROM SENTENCING TABLE (U.S.S.G. ch. 5, pt. A)

Enter the guideline range in the Sentencing Table (*see* U.S.S.G. ch. 5, pt. A) produced by the total offense level entered in Item 3 or 5.a and the criminal history category entered in Item 4 or 5.b.

30 to 37

months

7. STATUTORY RESTRICTIONS ON OR SUPERSESION OF GUIDELINE RANGE

If the maximum sentence authorized by statute is below, or a minimum sentence required by statute is above, the guideline range entered in Item 6, enter either the guideline range as restricted by statute or the sentence required by statute. (*See* U.S.S.G. § 5G1.1.) If the sentence on any count of conviction is required by statute to be consecutive to the sentence on any other count of conviction, explain why.

months

WORKSHEET E (Authorized Guideline Sentences)

1. PROBATION (U.S.S.G. ch. 5, pt. B)

a. Imposition of a Term of Probation (U.S.S.G. § 5B1.1)

☐

1. Probation is not authorized by the guidelines (minimum of guideline range > 6 months or statute of conviction is a Class A or a Class B felony). If this box is checked, go to Item 2 (Split Sentence).

☐

2. Probation is authorized by the guidelines (minimum of guideline range = zero months).

☐

3. Probation is authorized by the guidelines, provided the court imposes a condition or combination of conditions requiring intermittent confinement, community confinement, or home detention satisfying the minimum of the guideline range (minimum of guideline range > 0 months but ≤ 6 months).

b. Length of Term of Probation (U.S.S.G. § 5B1.2)

☐

1. At least 1 year but not more than 5 years (total offense level ≥ 6).

☐

2. No more than 3 years (total offense level < 6).

c. Conditions of Probation (U.S.S.G. § 5B1.3)

The court must impose certain conditions of probation and may impose other conditions of probation.

2. SPLIT SENTENCE (U.S.S.G. § 5C1.1(c)(2), (d)(2))

☐

a. A split sentence is not authorized (minimum of guideline range = 0 months or > 10 months).

☐

b. A split sentence is authorized (minimum of guideline range > 0 months but ≤ 10 months). The court may impose a sentence of imprisonment that includes a term of supervised release with a condition that substitutes community confinement or home detention for imprisonment, provided that at least one-half of the minimum of the guideline range is satisfied by imprisonment (if the minimum of the guideline range is 8, 9, or 10 months), or that at least one month is satisfied by imprisonment (if the minimum of the guideline range is 1, 2, 3, 4, or 6 months). The authorized length of the term of supervised release is set forth below in Item 4.b

3. IMPRISONMENT (U.S.S.G. ch. 5, pt. C)

A term of imprisonment is authorized by the guidelines if it is within the applicable guideline range (entered in Item 6 of Worksheet D). (See U.S.S.G. § 5C1.1.)

(WORKSHEET E, p. 2)

4. SUPERVISED RELEASE (U.S.S.G. ch 5., pt. D)**a. Imposition of a Term of Supervised Release (U.S.S.G. § 5D1.1)**

The court must impose a term of supervised release if it imposes a term of imprisonment of more than one year, or if it is required to do so by statute. The court may impose a term of supervised release if it imposes a term of imprisonment of one year or less.

b. Length of Term of Supervised Release (U.S.S.G. § 5D1.2)☐

1. At least 3 years but not more than 5 years, where the count of conviction is a Class A or a Class B felony, i.e., an offense carrying a maximum term of imprisonment \geq 25 years.

☒

2. At least 2 years but not more than 3 years, where the count of conviction is a Class C or a Class D felony, i.e., an offense carrying a maximum term of imprisonment \geq 5 years but $<$ 25 years.

☐

3. 1 year, where the count of conviction is a Class E felony or a Class A misdemeanor, i.e., an offense carrying a maximum term of imprisonment $>$ 6 months but $<$ 5 years.

☐

4. The statute of conviction requires a minimum term of supervised release of _____ months.

c. Conditions of Supervised Release (U.S.S.G. § 5D1.3)

The court must impose certain conditions of supervised release and may impose other conditions of supervised release.

5. RESTITUTION (U.S.S.G. § 5E1.1)☒

1. The court will determine whether restitution should be ordered and in what amount.

☐

2. Full restitution to the victim(s) of the offense(s) of conviction is *required* by statute. (See, e.g., 18 U.S.C. §§ 3663A, 2327.) The parties agree that full restitution is \$_____.

☐

3. The parties agree that the court may order restitution to the victim(s) of the offense(s) of conviction in any amount up to and including \$_____. (See 18 U.S.C. §§ 3663(a)(3).)

☐

4. The parties agree that the court may *also* order restitution to persons other than the victim(s) of the offense(s) of conviction. (See 18 U.S.C. §§ 3663(a)(1)(A), 3663A(a)(3).)

☐

5. Restitution is not applicable.

(WORKSHEET E, p. 3)

6. FINE (U.S.S.G. § 5E1.2)**a. Fines for Individual Defendants**

The court must impose a fine unless “the defendant establishes that he [or she] is unable to pay and is not likely to become able to pay any fine.” (See U.S.S.G. § 5E1.2(a).) Generally, the fine authorized by the guidelines is limited to the range established in the Fine Table. (See U.S.S.G. § 5E1.2(b).) However, there are exceptions to this general rule. (See U.S.S.G. § 5E1.2(b), (c)(4).)

b. Fine Range from Fine Table (U.S.S.G. § 5E1.2(c)(3))

<u>Minimum Fine</u>	<u>Maximum Fine</u>
\$ <u>6,000</u>	\$ <u>60,000</u>

7. SPECIAL ASSESSMENT(S) (U.S.S.G. § 5E1.3)

The court must impose a special assessment on every count of conviction. The special assessments for individual defendants are

- \$100.00 for every count charging a felony (\$50.00 if the offense was completed before April 24, 1996)
- \$ 25.00 for every count charging a Class A misdemeanor,
- \$ 10.00 for every count charging a Class B misdemeanor, and
- \$ 5.00 for every count charging a Class C misdemeanor or an infraction.

The defendant must pay a special assessment or special assessments in the total amount of \$ _____.

8. ADDITIONAL APPLICABLE GUIDELINES, POLICY STATEMENTS, AND STATUTES

List any additional applicable guideline, policy statement, or statute.

9. UPWARD OR DOWNWARD DEPARTURE (U.S.S.G. ch. 5, pts. H & K)

List any applicable aggravating or mitigating circumstance that might support a term of imprisonment above or below the applicable guideline range. _____

_____ (rev. 06/99)

28

UNITED STATES DISTRICT COURT

for the

Eastern District of Michigan

United States of America

v.

BALJINDER PANNU

Case: 2:11-mj-30160
Judge: Unassigned,
Filed: 03-30-2011 At 04:09 PM
IN RE: COMPLAINT (MRM)

CRIMINAL COMPLAINT

I, the complainant in this case, state that the following is true to the best of my knowledge and belief.

On or about the date(s) of January, 2009 through December 2009 in the county of Macomb in the
Eastern District of Michigan, the defendant(s) violated:*Code Section*

18 U.S.C. Section 1347

Offense Description

Knowingly and willfully devise and execute a scheme to defraud health care benefit programs.

This criminal complaint is based on these facts:

☒ Continued on the attached sheet.

Sworn to before me and signed in my presence.

Date: 03/30/2011City and state: Detroit, MichiganSA Jeffrey Eberle
Complainant's signature

Special Agent Jeffrey Eberle, FBI

Printed name and title

Mark A. Randon
Judge's signature

United States Magistrate Judge Mark A. Randon

Printed name and title

UNITED STATE DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN, SOUTHERN DIVISION

AFFIDAVIT

I, Jeffrey J. Eberle, being duly sworn, deposes and says:

INTRODUCTION

I am a Special Agent of the Federal Bureau of Investigation (FBI), United States Department of Justice. I have been a Special Agent for over sixteen years and in that time have been assigned to numerous cases involving the criminal violations of federal law. I am currently assigned to the FBI's Macomb County Resident Agency. Among my areas of responsibilities are cases involving the investigation of violations of federal health care fraud laws. In connection with my official responsibilities I have been assigned the investigation of Doctor BALJINDER PANNU. Through my participation in the investigation, from interviews and from the review of records provided to me, probable cause exists to show that Doctor BALJINDER PANNU - doing business as Pain Management Clinic (PMC) - committed health care fraud, in violation of Title 18 U.S.C. 1347 and other federal violations. The basis for this is as follows:

1.) The statements in this affidavit are based on information provided by the United States Department of Health and Human Services (DHHS) Office of Inspector General, Drug Enforcement Administration (DEA), TrustSolutions (TS), LLC, Blue Cross Blue Shield of Michigan (BCBSM), my investigation of this matter and other information. I have not included each and every fact known to me concerning this investigation.

Healthcare Fraud Scheme in the Detroit Metropolitan Area

2.) I, along with Special Agents from the Detroit DEA and DHHS, have identified and investigated a healthcare fraud scheme in the Detroit Metropolitan Area where Dr. PANNU, acting as a pain management physician and doing business as the Pain Management Clinic (PMC)¹, billed Medicare and BCBSM for services which were not medically necessary and/or never provided and paid Medicare beneficiaries and other individuals acting as recruiters, cash to go to his clinic, all in violation of Title 18, United States Code (USC), Section 1347. In addition Dr. PANNU has been and continues to be actively engaged in paying "marketers" for the service of recruiting new patients for his PMC. Said marketers are paid for the number of new patients they refer and/or bring to the PMC. Until January, 2010, PMC charged and received payments from Medicare and BCBSM insurance for services rendered to patients recruited by marketers. FBI, DEA and DHHS Special Agents have identified a clinic, in the Eastern District of Michigan, involved in this scheme, with a total Medicare reimbursement amount of over \$2,000,000.00.

Factual Cause

3.) The Medicare program is a health care benefit program, as defined in Title 18, U.S.C., Section 24(b), in that it is a public plan, affecting commerce, which helps pay for health care services provided to the aged and disabled throughout the United States under the provisions of the Social Security Act. The Medicare Program is administered through the Centers for Medicare and Medicaid Services (CMS) which is a federal agency within the United States DHHS. TS is a Program Safeguard Contractor for CMS that works in partnership with multiple federal and state entities, beneficiaries and health care providers to foster the protection of the

¹In 2009 the PMC was located at 27472 Schoenherr Road, Warren, Michigan. In early 2010, PANNU relocated the PMC to 333 Stephenson Highway, Troy, Michigan.

Medicare Trust Fund.

4.) BCBSM is a non-profit, private health insurance company based in Detroit, Michigan. Physicians contract with BCBSM to provide health care services to BSBSM members. In return, BCBSM will pay the physician directly for services rendered to BCBSM members. By contract, the provider certifies that claims submitted are for covered services which the provider has rendered and are medically necessary. BCBSM remits payment to the provider via check or electronic transfer.

5.) This investigation was predicated on allegations received from the Detroit DEA, HHS, TS and a PMC employee, indicating that individual(s) were receiving prescriptions for controlled substances from Dr. PANNU for the purpose of selling them on the street. Additionally, it is alleged that PMC submitted false claims to Medicare for physician services that were not rendered based on medical feasibility and/or were not medically necessary. It is further alleged that individuals, herein after referred to as recruiters or marketers, received monetary payments for locating Medicare patients. Hence, marketers received monetary payments or "kickbacks," from Dr. PANNU, for referring and transporting Medicare patients to the PMC.

6.) Medicare participating providers and/or facilities are issued a Provider Identification Number (PIN). Medical providers submit claims to Medicare using their PIN. Each claim for reimbursement includes, at a minimum, the beneficiary's name, the beneficiary's health insurance claim number, the date(s) of service, the diagnosis/nature of illness, and the procedure/service performed (annotated by a procedure code).

7.) TS provided information which showed that the PMC is certified as a Medicare

provider and was issued Provider Identification Number (PIN) 0P54020, which became effective on May 4, 2007. Dr. PANNU employs several physicians in his provider group, one of them being Lisa Gnass, D. O. Dr. Gnass was assigned group PIN 0P54020003, on July 14, 2008. Dr. PANNU used PIN 0P54020 and group PIN 0P5402003 to bill Medicare.

8.) On or about July 26, 2008, Dr. PANNU submitted a Medicare Enrollment Application for the purpose of adding a new practice location at 27472 Schoenherr Road, Warren, Michigan. Agents of the FBI reviewed this application, as well as other communications between Dr. PANNU and Medicare, and advised me that Dr. PANNU is not enrolled with Medicare as a business entity, such as a professional corporation, professional association or limited liability company.

9.) On February 14, 2008, Dr. PANNU signed and submitted an Electronic Funds Transfer (EFT) request to Medicare identifying the bank account to which insurance reimbursements should be sent. This EFT request effectively ensured that all payments by Medicare to Dr. PANNU for services he claimed would be electronically deposited into his personal checking account with Bank of America (formerly LaSalle Bank Midwest, N.A.), bank account number 005404312349.

Medical Insurance Billings

10.) In May of 2009, TS opened an independent investigation of Dr. PANNU based upon the results of a proactive analysis that was conducted of his billing activities and of the billing activities of others within his practice, namely Lisa Gnass. The analysis was conducted by representatives of TSs' Benefits Integrity Unit and involved a review of paid claims that were submitted by or on behalf of Dr. PANNU and/or Dr. Gnass, for services that were allegedly

provided to various Michigan based Medicare beneficiaries. From the analysis, Dr. PANNU was identified as having billed the Medicare Program for office visits, evaluation and management codes, diagnostic tests, laboratory tests, and psychological testing, and other like services, at a frequency that appeared similar to the frequency of billings from other physicians who have been under investigation by TS.

11.) Identified below, is information that was received from the "Medicare Part B Analysis Report Set" that involved "paid" dates of service for the time period of January 2007 through June 4, 2009. The report represented all paid claims that were submitted to Medicare under Dr. PANNU's Medicare PIN. Identified within the below described charts, were the most frequently billed procedure codes (CPT) and most frequently documented diagnosis codes that accompanied all of the practices' "billed" services:

a. Top CPT Codes of Dr., Baljinder PANNU

CPT Code	Description of the CPT Code	Amount Paid by M-Care
80101	Drug,screen:single drug class, each drug class	\$340,373.00
95903	Nerve Conduction;amplitude and latency/velocity study, each	\$143,432.57
95900	Nerve conduction; amplitude and latency/velocity study, each	\$ 99,1709.25
95904	Nerve conduction;amplitude and latency/velocity study, each	\$ 85,481.27
98928	Osteopathic manipulative treatment (OMT)	\$ 77,017.37

b. Top Diagnosis Codes (also known as ICD 9) for Dr. Baljinder PANNU

ICD 9 Code	Code description	Amount Paid by M-CARE
-------------------	-------------------------	------------------------------

724.2	Lumbago	\$638,525.90
724.4	Lumbrosacral	\$229,603.35
704.2	Abnormalities of hair	\$ 50,350.89
304.90	Drug Dependency non specific	\$ 49,523.99
786.05	Shortness of breath	\$ 67,144.21

12.) Additionally, a Calendar Analysis Report Set (CARS) was ordered for those paid claims that were individually submitted under the Medicare issued provider identification number of Lisa Gnas. CARS reports are designed to uncover providers who bill a high frequency of services on any given day, to the Medicare Program. From this particular analysis, the following was determined:

- a. Out of 147 days, Lisa Gnas billed services that totaled 12 or more hours per day 37.5 percent of the time. This figure was arrived at pursuant to an analysis of the "time-based" services that were allegedly rendered by Lisa Gnas.
- b. Out of 147 days, there were 12 days when the totality of the "time based" services that were allegedly rendered by Lisa Gnas was at or above 24 hours.

13.) Also arising out the analysis of paid claims submitted by Dr. PANNU is the below described chart which represents paid claims for the time frame spanning 2007 onward through to June 4, 2009, that were submitted under the group PIN of Dr. PANNU and/or the individual PIN's of Dr. PANNU, Lisa Gnas and another practitioner who was employed by Dr. PANNU. As indicated, in 2009 there is a sharp increase in the number of; patients allegedly seen by Dr. PANNU, the number of services alleged rendered, the total amount billed for the services, and the total amount that Dr. PANNU and others received from the Medicare Program.

Year	2007	2008	2009	Totals
Quantity Billed	N/A	1,568	72,799	74,367
Quantity Allowed	N/A	902	44,618	45,520.00
Amount Billed	N/A	\$420,755.00	5,891,369.62	\$6,312,124.62

Amount Allowed	N/A	\$147,676.47	2,499,971.06	\$2,647,647.53
Amount Paid	N/A	\$116,371.26	2,055,614.09	\$2,171,985.35
Claims Paid	N/A	1,164	18,220	9,692
Total Beneficiaries	N/A	493	1,002	N/A

14.) Based upon the results of the above-described analytical activity, persons representing the TS' Benefits Integrity Unit are alleging that Dr. PANNU and/or others employed within his practice, have billed the Medicare Program for services that have not actually been rendered, and have billed the Federal Medicare Program for services that were not medically necessary. Furthermore, Dr. PANNU and others have in fact, been paid for these claimed services.

15.) Notwithstanding the above allegations, TS has not calculated an actual overpayment to Dr. PANNU and/or others within his office, due to the fact that a medical review of a statistically valid random sample of his billing activity would have to be conducted in order for TS to establish a denial rate and an overpayment rate.

16.) On June 24, 2009, TS initiated a 100% pre-pay edit on all claims that were submitted to Medicare under the group provider identification number that was issued to Dr. PANNU's practice and/or under the individual provider identification numbers that were assigned to Dr. PANNU and/or others who were employed by him. It was anticipated that findings from the pre-pay edit would substantiate allegations made by TS's Benefits integrity Unit that Dr. PANNU and/or others within his practice had engaged in a scheme to defraud the Medicare Program by either billing for services that were not rendered and/or by billing for services that were not medically necessary. It was also anticipated that findings from the pre-pay edit would enable TS' Benefits Integrity Unit to establish a denial rate for the remainder of the

unpaid claims that have been submitted by or on behalf of Dr. PANNU and/or on behalf of others within his practice. At present, there are approximately 3,000 claims totaling One-million dollars (\$1,000,000.00) that have been held up as a result of the pre-payment edit.

17.) On September 28, 2009, FBI Special Agent D. Chris Allen obtained copies of Bank of America monthly statements for checking account number 005404312349 in the name of BALJINDER PANNU. The statements were for the period of January 2, 2008 through August 12, 2009. For the nine bank statements covering the period of January 2, 2008 through August 11, 2008, Dr. PANNU's account had an average monthly balance of \$1,682.88. This includes one month in which Dr. PANNU had a negative end of month balance of -\$347.75. On September 16, 2008, the first electronic funds deposit from Medicare was posted to Dr. PANNU's account. In July 2009, Dr. PANNU opened a money market savings account (number 375000988831) with Bank of America. Dr. PANNU transferred funds between these two Bank of America accounts. For the eleven bank statements covering the period of August 12, 2008 through August 12, 2009, Dr. PANNU's accounts had an average monthly balance of \$585,669.81.

Former Employees

18.) In April 2009, June Deck, a former PMC employee, submitted an electronic complaint to the FBI Public Access Center (PAC), an internet website that was established by the FBI as a repository for complaints regarding terrorism and/or other crimes, advising that a doctor at a local clinic she worked at was involved in health care fraud. This complaint was forwarded to FBI Special Agent D. Chris Allen, of the Macomb County Resident Agency of the Federal Bureau of Investigation, who subsequently made contact with June Deck and determined

that the doctor involved was Dr. Baljinder PANNU working out of the PMC in Warren, Michigan.

19.) On May 14, 2009, Agent Allen interviewed June Deck regarding her complaint to the PAC. Deck said that although she had only worked at Dr. PANNU's office for a couple of weeks, she observed that each new PMC patient routinely underwent a routine battery of medical tests which Deck believed were not medically necessary and not being administered correctly, therefore, not of valuable for diagnostic purposes. Deck explained that many of these medical tests were being performed by young, untrained personnel who had little or no training in the operation of the medical testing equipment. Deck stated that Dr. PANNU routinely prescribes each PMC patient a months' supply of 60 tablets of OxyContin, 90 tablets of Vicodin ES, 60 tablets of Xanax (anti-anxiety) and 60 tablets of Soma (muscle relaxant). Deck further stated that most of these patients do not come to the PMC clinic for treatment of pain but rather to obtain prescription drugs to sell on the street. Deck said that she has overheard employees talk about the PMC clinic being a "prescription mill".

20.) Deck also advised that patients have to take a urine screening test on each visit to demonstrate that they have been taking the prescribed medication of OxyContin and Vicodin. On one occasion, Deck observed a black female driver (believed to be a paid "marketer") provide her own urine for a patient's urine screening test. Deck witnessed Dr. PANNU handing personal checks to individuals who drive patients to the clinic. Deck said that Dr. PANNU pays each driver \$45 for each patient they bring to the clinic.

21.) I have reviewed a report of an interview of former PMC employee, Allen Arabbo, conducted by DEA investigators on December 12, 2008. Arabbo, told the DEA that he was hired

by Dr. PANNU to transport patients to the PMC. Arabbo said that patients were usually in and out of the office in about ten minutes and that each patient was usually required to give a blood sample, urine sample and fill out a patient history sheet. Arabbo stated that often cardiograms or x-rays would be ordered by Dr. PANNU just to "rack up Medicare/Medicaid charges." Arabbo said that he often heard the patients he transported talk about selling pills and being able to get \$80.00 to \$100.00 for each OxyContin pill they sold in the state of Virginia. Arabbo said that, on one occasion, he witnessed a person that he was transporting selling pills for \$30.00 each.

22.) On September 21, 2009, former PMC employee, John Moschelli, was interviewed by Agents of the DEA and DHHS. Moschelli, told investigators that he worked as a general labor employee at the PMC from October 2008 to June 2009. Moschelli said that all new patients at Dr. PANNU's office were required to have a urine test, blood draw, echo test, nerve tests, psychological evaluation, complete medical history review and examinations by both Dr. PANNU and Dr. Gnas. Moschelli said that he heard Dr. PANNU say that every patient must go through all of the tests. Dr. PANNU also told Moschelli that his patients take some of the OxyContin tablets prescribed to them and sell the rest. Moschelli told DEA investigators that ninety (90) to one hundred (100) percent of Dr. PANNU's patients are receiving OxyContin and Vicodin prescriptions.

23.) On October 16, 2009, FBI Special Agent Allen conducted surveillance at the PMC at 27472 Schoenherr Road, Suite 130, Warren, Michigan. During the surveillance, a black male was observed removing trash bags from the employee entrance of the PMC and place the trash in a commercial dumpster located in the parking lot. The trash was subsequently recovered by Agent Allen about an hour later. Upon examination, several trash bags contained documents

with printed PMC business letterhead. Among the items recovered from the PMC trash were thirty-eight used urine testing cups, a printed form marked "Lab Analysis" with the handwritten name of "Verita Simons" and a sheet of paper consisting of a chart that lists names of patients, twelve medical procedure abbreviations and time entries. Agent Allen observed that the word "new" was handwritten after the names of five patients and that eleven of the twelve boxes under the medical procedure columns contained an "X" for these "new" patients. The following is a scanned image of the above referenced

document:

Name	Lab	H	P	Echo	ABG	PFT	EKG	Xray	Nyb	Psy	S	G	Time
Thompson	X	X								X	X	X	2:35
Edwards	X	X								X	X	X	3:00
Leffler	X	X								X	X	X	12:05
Hudson	X	X								X	X	X	1:00
Barksdale (New)	X	X	X	X	X	X	X	X	X	X	X	X	11:32
Walter (New)	X	X	X	X	X	X	X	X	X	X	X	X	11:29
Old (New)	X	X	X	X	X	X	X	X	X	X	X	X	11:24
Landry (Return)	X	X								X	X	X	2:58
Winters (Add)	X	X								X	X	X	1:20
Revel	X	X	X	X	X	X	X	X	X	X	X	X	10:33
Anderson (New)	X	X	X	X	X	X	X	X	X	X	X	X	1:05
Daniels (New)	X	X								X	X	X	3:46
Buchanan (New)	X	X	X	X	X		X	X	X	X	X	X	12:30
Moore (Return)	X	X	X	X	X				X	X	X	X	3:18
Maxwell													

24.) On November 8, 2009 former PMC employee, Carol Latty, stated, to Agents of the FBI, that she worked for the PMC from October 2008 to August 2009, as the medical biller. Latty advised that she is certified to bill Medicare, Medicaid and BCBSM. Latty was asked to review a copy of the above scanned document. After reviewing the document Latty said that this document was used to identify the services to be performed on individual PMC patients. She said that a larger version of this chart is located at the PMC, on the wall near the patient station area. This wall chart is used by the medical assistants to identify which medical procedures need to be done. Latty said that the reason all of the new patients on the chart have an "X" in eleven of the twelve medical procedure boxes is because all those tests must be done before Dr. PANNU will even see the new patient. Latty said that it was Dr. Panu's common practice to have a lot of medical tests done on PMC patients before he saw them. Additionally, in reference to the above chart, Latty said that the circled number next to some of the patient names is used to identify the marketer who brought the patient to the PMC

25.) Latty was shown the form marked "Lab Analysis" that was recovered from the trash at PMC. This form consists of a chart listing twelve types of drugs and boxes associated with negative or positive results. Latty advised that this is the form PMC uses to record the results of patient urine drug screens. Latty stated that urine drug tests are being billed to Medicare wrong by Dr. PANNU. She explained that Dr. PANNU directed her to bill Medicare using a procedure code that represents that a single type of drug class was being tested for when in fact Dr. PANNU was testing for multiple drug classes with one test kit. Latty said that because Dr. PANNU was

billing the wrong procedure codes he was getting additional reimbursement from Medicare.

Latty said that she could not remember the specific code number that she was directed to use; however, she believed the code was 80100 or 81000.

26.) As previously noted in paragraph 30 of this affidavit, FBI Agents recovered thirty-eight used urine testing cups from a dumpster located in the parking lot of the PMC. The name of each PMC patient is handwritten on the side of the cups. These urine cups are identified as the "iCup DX Drug Test Cup, Item: I-DXA-1127-023". An online search for technical data associated with this item was conducted by the FBI. Located within the manufacturers descriptive information for this item is the following: "The iCup Dx Drug Screen Cup is a lateral flow chromatographic immunoassay for the qualitative detection of multiple drugs and drug metabolites in urine at the following cut-off concentrations." The manufacturer then lists the twelve types of drugs that the screen cup tests for. Your Affiant compared the manufacturer's list of drugs with the list of drugs printed on the above noted "Lab Analysis" form used by the PMC and determined that they were the same drugs. Based on this information, Dr. PANNU billed Medicare twelve times for procedure code 80101 (drug screen, qualitative; single drug class method, each drug class) when in fact Dr. PANNU is performing a random drug screen, which should be bill to Medicare once using code 80100 (drug screen, qualitative; multiple drug classes chromatographic method, each procedure). I believe that Dr. PANNU split these procedures to increase reimbursement from Medicare.

27.) Carol Latty stated to the FBI that Dr. PANNU directed her to bill for medical tests

that Latty knew were never done because the PMC did not have the equipment necessary to conduct the tests in the clinic. Latty explained that the PMC used a document called a super-bill, to record the services that have been performed on patients. Latty described the super-bill as a sheet of paper that identifies the patient biographical information and lists numerous medical procedures. Located next to each medical procedure is either a line or a box that is checked off if the service was performed. Latty used the information on the super-bill to identify the service(s) to be billed to Medicare and other medical insurance companies. Latty advised that Dr. PANNU wanted her to bill Electromyograms (EMG) and nerve conduction tests for all PMC patients. Latty said that Dr. PANNU placed check marks next to these procedures on the super-bills and wanted Latty to bill Medicare for the tests. According to Latty, she refused to bill Medicare for the EMG and nerve conduction tests because Dr. PANNU did not have the EMG equipment or EMG needles necessary to perform the tests in his clinic.

28.) Carol Latty stated that the medical tests being done at the PMC and billed to Medicare were not being used by Dr. PANNU to render a medical diagnosis. She explained that Dr. PANNU is not reviewing the medical test results to make a determination of diagnosis, but rather he bases his diagnosis on what the patient tells him their problem is. Latty said that the most common complaint of illness by the PMC patients is back or neck pain. Latty said that the reason she knows that Dr. PANNU is not reading test results is because she reviewed numerous PMC patient medical files in order determine which diagnosis code should be used and to comply with a recent Medicare audit request to provide supporting documents for PMC

insurance claims. Latty said that when she conducted the file reviews she did not see any test results or entries of diagnosis in the patient files to support giving the tests. Latty said that she did not believe Dr. PANNU looked at the patient's medical test reports, medical history forms or physical history forms because they were never signed by him.

29.) Carol Latty stated that Dr. PANNU once tried to bill Medicare for services allegedly performed by Dr. Gnas at the PMC when in fact that doctor was on vacation. Dr. Lisa Gnas is a doctor employed at the PMC to conduct evaluations and manipulative treatment (physical therapy). During a time in which Dr. Gnas was on a two week vacation, Dr. PANNU checked off on the super-bill a number of services representing that Dr. Gnas had performed medical services. Latty said that she did not bill Medicare for these services because she recognized that they could not have been done by Dr. Gnas.

30.) Latty stated that, under the PMC "marketing" program, "marketers" are paid, by Dr. PANNU, \$45.00 for each patient they brought to the clinic.

31.) On December 3, 2009, RONA CARNISE REASON was interviewed by Agents of the FBI. REASON stated that she is a certified Medical Assistant and had been employed by PMC for approximately three months. REASON stated that Dr. PANNU requires that a total of eight medical tests must be administered, on new patients, prior to a patient being seen by PANNU and that all tests are repeated every six months. REASON opined that many of the PMC patients are legitimately in pain and that others are simply frequent PMS to acquire controlled substances. REASON stated to me that PANNU pays marketers to bring

patients to the PMC.

32.) On December 3, 2009, JULIE KENNEDY stated to me that she has been employed as an echocardiographer, at PMC, for approximately six months. KENNEDY further stated to me that every new patient receives an echo cardiogram when they come to PMC.

33.) On December 3, 2009, TINA NARDONI stated to me that she had been employed as an medical assistant, at PMC, since November 22, 2009. NARDONI further stated to me that every PMC patient is put through a battery of medical tests before seeing a doctor or telling anyone, at PMC, the purpose of their visit.

34.) On December 3, 2009, DEBORAH THOMAS stated to Agents of the FBI, that she began working at the PMC in October, 2008. THOMAS further stated that she has performed various clerical duties at the clinic, the latest as office manager. THOMAS advised that marketers are paid \$45.00 or \$50.00 per patient they bring to PMC.

35.) On May 21, 2010 THOMAS stated to Agents of the FBI, that she thought it odd that PANNU paid marketers to bring patients to the clinic. THOMAS further stated that she believed this practice to be illegal but, never mentioned it to PANNU, fearing she would be terminated. THOMAS described how she witnessed marketers complaining, to PMC staff, about patients who did not receive Oxycontin prescriptions. THOMAS stated that a PMC receptionist would often explain, to the marketer, that it was against HIPAA policy to discuss another person's prescriptions. THOMAS detailed how the marketer would then prompt the respective patient to complain. THOMAS claimed that occasionally the marketer would ask to see Dr. PANNU who

would subsequently write the patient in question a prescription for Oxycontin.

Medicare Review of Medical Claims

36.) In November, 2009, a summary of findings which pertained to a detailed analysis of thirty-two separate claims (seeking reimbursement for alleged services rendered) that were received by the Medicare Program from or on behalf of Dr. PANNU, were received by the FBI. The summary report was generated by representatives of TS. Identified within the document, were the results of a comparative analyses that was conducted of the following: patient data that was on file with Dr. PANNU/Pain Management Center, billings (claims) that were received from or on behalf of Dr. PANNU/Pain Management Center for those same patients, and published Medicare Program policies. It should be noted that within the claims, \$5,750.00 was sought from the Medicare Program as compensation for the services that were allegedly rendered. From the activity the following information was acquired.

37.) The majority of the claims reviewed involved laboratory tests, x-rays, cardiac studies, nerve studies and pulmonary function studies performed on PMC patients. The medical records that were received from Dr. PANNU/Pain Management Center contained a nine-page progress note and a laboratory analysis form. Initially, the received data did not contain information for the following alleged services: cardiac studies, nerve studies, x-rays, and pulmonary function studies. On October 21, 2009, a follow up letter was sent to Dr. PANNU seeking that additional information. Within the correspondence, Dr. PANNU was given until October 28, 2009, to provide the requested data. On October 28, 2009, partial data was received for all but two of the Medicare Program beneficiaries. On October 29, 2009, partial information for the remaining two beneficiaries was received. Since no information was received for either

beneficiary that pertained to x-rays and pulmonary function studies, those services were denied for payment due to lack of documentation to support that they were ever rendered.

38.) Based on the above referenced findings, TS determined a 100% denial rate for the thirty-two claims that were submitted by Dr. PANNU. It is believed that TS is going to rely on the results of its claims analysis to initiate a denial of all pending claims that have been submitted by Dr. PANNU.

PMC Patient Statements

39.) On July 21, 2009, Medicare beneficiary and BCBSM subscriber Hector Debrabant told your Affiant that the PMC had fraudulently billed BCBSM for services that he never received. Mr. Debrabant advised that he reported this fraud to Medicare and BCBSM. Debrabant explained that in March 2009 he accidentally left his jacket in a waiting room at William Beaumont Hospital and that his jacket and wallet, containing his Michigan driver's license, BCBSM insurance card and Medicare card were stolen. In June 2009, Debrabant received a letter from the PMC requesting that he schedule an appointment with them to discuss the results of his blood test. Debrabant said that he was never treated at the PMC. In mid-July 2009, Debrabant went to the PMC and met Dr. BALJINDER PANNU and the office manager. The office manager showed Mr. Debrabant a photocopy of the driver's license that was in the PMC medical file for him. Debrabant observed that the large photograph on the driver's license was that of a young black male while the small photograph in the upper right corner of the driver's license was of himself, a white male. Debrabant said that he also saw in the PMC medical file photocopies of all of his other identification documents that were stolen. Debrabant said that when he told Dr. PANNU that someone had used his identity to receive treatment Dr.

PANNU "played dumb" and could not explain the discrepancy. The office manager also told Mr. Debrabant that four prescriptions were written in his name; however, she would not tell him what drugs they were for. Mr. Debrabant stated that he never received any prescriptions, or filled any prescriptions, from Dr. PANNU.

40.) A review of a DEA generated MAPS report verified that on June 3, 2009 Dr. PANNU wrote three prescriptions in the name of Hector Debrabant for scheduled drugs. These three prescriptions were ultimately dispensed to someone unknown to me. The following chart identifies those drugs:

Rx number	Rx date	Rx fill date	Drug	Schedule	Strength	Quantity
0102417	6/03/2009	6/04/2009	Alprazolam (Xanax)	4	1 MG	30
0102418	6/03/2009	6/04/2009	Hydrocodone (Vicodin)	3	750 MG (7.5 MG)	90
0102419	6/03/2009	6/04/2009	Oxycontin	2	40 MG	60

41.) A review of the Medicare insurance reimbursement records associated with claims submitted by PMC for services allegedly provided to Mr. Debrabant. The records disclosed that the PMC billed Medicare for thirty two (32) separate services with a date of service of June 3, 2009. Medicare reimbursed the PMC a total of \$1050.45 based on these claims.

42.) A review of the BCBSM insurance reimbursement records associated with BCBSM payments to PMC, for services allegedly provided to Mr. Debrabant, disclosed that PMC billed BCBSM for fifteen (15) separate services with a date of service of June 3, 2009. BCBSM reimbursed the PMC a total of \$227.65 based on these claims.

43.) Representatives of Medicare and BCBSM advised that, as of the date of this

writing, Dr. PANNU has not paid back either insurance company the monies he received from them for the Debrabant claims.

44) On October 12, 2009, Medicare beneficiary and PANNU patient, (hereinafter known as P1), made a telephonic complaint to Medicare advising that Dr. PANNU wanted to take a video of him/her and that he may have charged for services that P1 never received. On November 19, 2009, P1 stated to Agents of the FBI, that in early June 2009, he/she went to the PMC located on Schoenherr Road, Warren, Michigan. P1 explained that at the time he/she was experiencing pain associated with arthritis and was unable to schedule an appointment with his/her regular physician in a timely manner. P1 stated that he/she also has high blood pressure. P1 advised that he/she heard of Dr. PANNU's office from a person she met, but did not know, while being out and about. P1 said that for his/her first visit she just showed-up at Dr. PANNU's office, without an appointment and was able to get in. P1 said that at his/her first visit he/she was given a blood pressure test, urine test, finger prick (blood test), lung breathing test and a number of other tests that P1 could not specifically recall the type of. P1 met Dr. PANNU at the end of his/her appointment and told him about her high blood pressure. Dr. PANNU wrote P1 prescriptions for Vicodin, OxyContin, Xanax and Soma and a blood pressure medicine. According to P1, he/she visited Dr. PANNU's office once a month for the next three months and received prescriptions for Vicodin, Oxycontin, Xanax and Soma on each visit. P1 said that after his/her first initial visit Dr. PANNU, never addressed his/her blood pressure problem again and never prescribed any additional prescriptions for P1's blood pressure problem.

45.) P1 stated that on his/her last appointment at the PMC, Dr. PANNU told P1 he would have to video tape their meeting. P1 explained that Dr. PANNU said he was under

investigation by Medicare and the video would prove that P1 was at the clinic. P1 told Dr. PANNU that he/she was not going to allow the video taping. Dr. PANNU then told P1 to leave his office. P1 said that he/she was fine with leaving Dr. PANNU because all of the medications he prescribed to P1 made her feel like a "Zombie" and he/she was unable to function normally. P1 has since found a new doctor.

46.) On December 3, 2009 a PMC patient (hereinafter known as P2) was interviewed by Agents of the FBI. P2 advised that upon his/her visit to the PMC he/she was administered an EKG, a nerve test, a heart test and some blood work. P2 further advised that he/she only saw Dr. PANNU after said tests were administered. P2 stated that PANNU prescribed Oxycontin, Vicodin, Soma and Xanax. P2 claimed that he/she cannot take all medications prescribed to him/her. P2 further claimed that he/she gives away or sells and of his/her surplus drugs.

47.) According to records provided to me, BCBSM reimbursed PANNU \$912.00 for charges of claims, he submitted, associated with P2.

48.) On December 3, 2009 a PMC patient (hereinafter known as P3) was interviewed by Agents of the FBI. P3 stated that upon his/her first visit to the PMC he/she was administered numerous medical tests to include, but not limited to, an EKG and urine test. P3 further advised that he/she only saw Dr. PANNU after said tests were administered. . P3 stated that PANNU prescribed Oxycontin and Vicodin.

49.) According to records provided to me, BCBSM reimbursed PANNU \$2,001.67 for charges of claims, he submitted, associated with P3.

50.) On December 3, 2009 a PMC patient (hereinafter known as P4) was interviewed by

Agents of the FBI. P4 stated that upon his/her first visit to the PMC he/she was administered numerous medical tests. P4 advised that he/she only saw Dr. PANNU after all tests were administered.

51.) On December 3, 2009, a PMC patient (hereinafter known as P5) was interviewed by Agents of the FBI. P5 stated that upon his/her first visit to the PMC he/she was administered numerous medical tests to include blood tests and x-rays. P5 advised that he/she only saw Dr. PANNU after all tests were administered. According to P5, upon seeing PANNU, he prescribed to him/her Oxycontin, Vicodin, Soma and Xanax.

52.) On December 3, 2009 a PMC patient (hereinafter known as P6) was interviewed by Agents of the FBI. P5 stated that upon his/her first visit to the PMC he/she was administered numerous medical tests to include blood tests and x-rays. P6 advised that he/she only saw Dr. PANNU after all tests were administered. According to P6, upon seeing PANNU, he prescribed to him/her Oxycontin, Vicodin and Xanax.

53.) On December 3, 2009 a PMC patient (hereinafter known as P7) was interviewed by Agents of the FBI. P7 stated that upon his/her first visit to the PMC he/she spent approximately six hours or seven hours being medically tested. Said tests, according to P7, included blood and urine test, as well as x-rays. P7 stated that he/she was confused as to why all of these tests were done before any employee of the PMC ever asked him/her what the reason was for his/her visit. P7 further stated that he/she eventually received his/her Medicare statement, for the aforementioned PMC visit, and saw that Medicare was billed \$2,500.00. P6 volunteered that he/she believed that this seemed like a waste of money.

54.) P7 stated that, once all of her medical tests were completed, she eventually met

with PANNU, who prescribed him/her Oxycontin, Vicodin, Soma and Xanax. P7 further stated that she did not need the Oxycontin and sold them or gave them away. P7 advised that, upon her second visit to the PMC, she told PANNU that he/she did not need the Oxycontin but that he prescribed her more Oxycontin anyway. P7 claimed that, among some PMC patients, PANNU is known as the "mad scientist" because he is always writing prescriptions for medications that the patients do not need.

55.) On December 3, 2009 a PMC patient (hereinafter known as P8) was interviewed by Agents of the FBI. P8 stated that upon his/her first visit to the PMC he/she was administered numerous medical tests to include blood tests and x-rays. P8 advised that he/she only saw Dr. PANNU after all tests were administered. According to P8, upon seeing PANNU, he prescribed to him/her Oxycontin, Vicodin, Soma and Xanax.

56.) On December 3, 2009 a PMC patient (hereinafter known as P9) was interviewed by Agents of the FBI. P9 stated that upon his/her first visit to the PMC he/she was administered numerous medical tests to include blood tests and x-rays. P9 advised that he/she only saw Dr. PANNU after all tests were administered. According to P9, upon seeing PANNU, he prescribed to him/her Oxycontin, Vicodin, Soma and Xanax.

57.) According to records provided to me, BCBSM paid \$3,854.29 for prescriptions, of controlled substances written for P9 by PANNU.

58.) On December 3, 2009 a PMC patient (hereinafter known as P10) was interviewed by Agents of the FBI. P10 stated that upon his/her first visit to the PMC he/she was administered numerous medical tests to include blood tests and x-rays. P10 advised that he/she only saw Dr. PANNU after all tests were administered. P10 claimed that he/she had never before received

any medical tests like the ones administered at PMC. P10 stated that he/she was not aware if the testes discovered anything wrong with him/her. According to P10, upon seeing PANNU, he prescribed to him/her Oxycontin, Vicodin, Soma, Bovina and Xanax.

59.) On December 3, 2009 a PMC patient (hereinafter known as P11) was interviewed by Agents of the FBI. P11 stated that upon his/her first visit to the PMC he/she was administered numerous medical tests to include blood tests and x-rays. According to P11, none of the PMC staff ever asked him/her what the purpose of his/her visit or what was wrong with him/her. P11 advised that he/she only saw Dr. PANNU after all tests were administered. P11 stated that PANNU prescribed to him/her Oxycontin, Vicodin, Soma and Xanax.

60.) On January 26, 2010, Doctor Thomas O'Neil, DO, Neurologist was interviewed by Agents of the FBI. Dr. O'Neil stated, some time in 2009, Dr. PANNU introduced himself as the owner of a pain management clinic. According to O'Neil, PANNU stated that he had an idea for several area doctors to form a group that would pay patients' premiums, for supplemental health insurance. O'Neil stated that PANNU described how these patients could then be seen by doctors in the group and then bill the insurance company. O'Neil stated that he questioned PANNU, regarding the legality of this scheme and promptly asked him to leave his office.

Bank of America Bank Account

61.) A review of BALJINDER PANNU's Bank of America bank accounts, numbers 005404312349 and 375000988831, by your Affiant, showed that for the time period of October 30, 2008 through August 5, 2009, a total of 218 personal checks were written by Doctor PANNU

to 112 different individuals for advertising or marketing. Several individuals received multiple payments. Dr. PANNU paid a total of \$42,485.00 to patients and recruiters. All of the checks were written in multiples of \$45.00 with the exception of one check for \$400.00. Your Affiant has identified over forty (40) Medicare beneficiaries who are PMC patients and have received payment from Dr. PANNU. The following table lists examples of check payments made by Doctor PANNU to individuals, but does not include all payments to those individuals:

Payee	Amount	Check memo	Date	Check #	PMC relation
Gerald Holland	\$135.00	Marketing	12/23/2008	529	patient
Jonas Smith	\$45.00	Marketing	1/23/2009	585	patient
Robert Watson	\$1,620	Advertising	2/08/2009	642	recruiter
Cynthia Campbell	\$45.00	Advertising	2/20/2009	660	patient
Tony Burrage	\$135.00	Advertising 3	4/22/2009	803	recruiter
Bobbie McClain	\$180.00	Advertising	4/24/2009	838	patient
Tony Mathews	\$180.00	Advertising 4	5/28/2009	959	recruiter
Kenneth Wiley	\$135.00	Marketing	39985		marketing
Antoinette Jones	\$180.00	Advertising	7/06/2009	1156	patient
Lamar Yancy	\$235.00	Advertising	7/17/2009	1186	patient
Michael Butler	\$45.00	Advertising	8/05/2009	1313	patient

62.) Referencing the above chart, I believe that the number "3" that appears on the memo section of the check to Tony Burrage represents that he was paid for referring three patients to the PMC. I also believe that the number "4" that appears on the memo section of the check to Tony Mathews represents that he was paid for referring four patients to the PMC.

63.) On March 22, 2011 KENNETH WILEY stated to me that, in 2009, he learned about

the PMC from a cousin of his. According to WILEY he went to see PANNU in hopes of getting help for back pain. WILEY stated that, while at PMC, he was administered approximately seven or eight medical tests prior to seeing PANNU. WILEY stated that, upon seeing PANNU, he was prescribed Motrin, Vicodin and Oxycontin.

64.) WILEY stated to me that he brought three others to the clinic, during his initial visit to PMC and learned, from a PMC employee, that PANNU was paying anyone who brought additional patients to the PMC \$45.00 per patient. WILEY further stated to me that the aforementioned PMC employee told him to return, in two weeks, to collect his check. WILEY advised that he did, in fact, return in two weeks and was paid, in check, the \$135.00 reflected in the table above. WILEY described the PMC clinic as being crowded with dozens of patients, that he "did not like the atmosphere" and that he did not want to be "caught up" in any "scams." WILEY stated to me that he never again returned to the PMC.

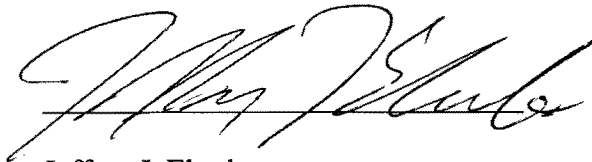
65.) On March 24, 2011, BOBBIE McCLAIN stated to me that, in 2009 while purchasing marijuana in an illegal drug house in Detroit, he met a TIFFANY last name unknown (LNU). According to McCLAIN, TIFFANY LNU offered to pay him to drive her "clients" to the PMC. McCLAIN explained that the "clients" were in fact patients of PANNU's. McCLAIN further explained that he later learned that TIFFANY LNU had recruited her clients from soup kitchens in Detroit. McClain stated to me that he learned, from TIFFANY LNU, that it was essential that each client have a Medicare insurance card.

66.) McCLAIN stated to me that upon his first visit to the PMC, he learned, from a PMC

employee, that PANNU was actually paying people \$45.00 per patient they brought to the clinic. McClain further stated to me that he subsequently met Dr. PANNU, who confirmed that he was paying \$45.00 for each patient that he (or anyone) brought to the PMC. McClain described to me that, upon learning how much PANNU was actually paying, he began to directly deal with TIFFANY LNU's clients. McClain stated to me he made several trips, with the clients, to the PMC and that PMC staff paid him for his services. McClain confirmed that he was always paid in check form and that said checks were signed by Dr. PANNU.

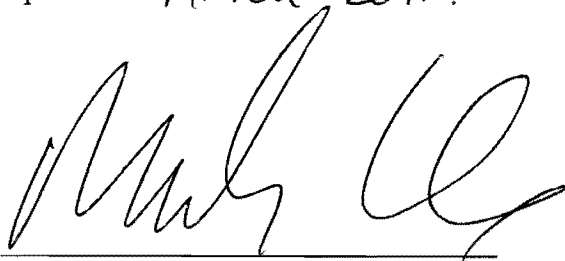
Conclusion

67.) Based on the above information, probable cause exists that health care fraud and other related federal offenses have been committed by BALJINDER PANNU in violation of Title 18 U.S.C. 1347.



Jeffrey J. Eberle
Special Agent
Federal Bureau of Investigation

Sworn to before me and subscribed
In the presence this 30th day of
~~April 2011~~ March 2011.



[Name of Magistrate}
U.S. Magistrate Judge



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS
RAE RAMSDELL
DIRECTOR

STEVEN H. HILFINGER
DIRECTOR

August 8, 2012

Baljinder Singh Pannu, M.D.
14040 Nadine St
Oak Park, MI 48237

Re: File Number 43-09-113970

Dear Licensee:

As set forth in the enclosed Order issued by the Disciplinary Subcommittee of the Michigan Board of Medicine, at least one administrative sanction has been imposed upon your license.

Section 16241(6) of the Michigan Public Health Code requires a licensee or registrant whose license or registration is revoked or suspended for more than 60 days to notify, in writing, the following:

1. Each patient or client to whom the licensee or registrant has rendered professional services in the licensee or registrant's private practice during the 120 days immediately preceding the date of the Order imposing the revocation or suspension. This notification should be made within 30 days of the date of the Order.
2. Each individual who is already scheduled for professional services during the first 120 days after the date of the Order imposing the revocation or suspension. This notification shall be made within 30 days of the date of the Order.
3. The licensee or registrant's employer, if any, and each hospital in which the licensee or registrant is admitted to practice. This notification shall be made within *ten* days of the date of the Order imposing the suspension/revocation.

Section 16241(7) of the Michigan Public Health Code requires a licensee or registrant who is reprimanded, fined, placed on probation or ordered to pay restitution, or an individual whose application for licensure or registration is denied, to notify, in writing, the licensee or registrant's employer, if any, and each hospital the licensee/registrant is admitted to practice, if any, within *ten* days of the date of the Order imposing the sanction(s)

The enclosed Notice of Licensure/Registration Sanction form has been developed to assist you in complying with these provisions of law.

Baljinder Singh Pannu, M.D.
August 8, 2012
Page 2 of 2

By September 11, 2012, you are required to:

- 1) Complete the front of the form;
- 2) Transmit a copy of the form to the individuals and/or entities described above in sections 16241(6) and 16241(7);
- 3) Complete the affidavit on the back of the form;
- 4) Have the affidavit notarized; and
- 5) Submit the completed original form to the Department at the address below:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Professions
Attn: Sanction Monitoring
P.O. Box 30670
Lansing, MI 48909

Failure to comply with these provisions of the Public Health Code may result in the imposition of further administrative sanctions.

Sincerely,

Bill Hurth

Bill Hurth, Manager
Enforcement Section
Bureau of Health Professions

Enclosures



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS
RAE RAMSDELL
DIRECTOR

STEVEN H. HILFINGER
DIRECTOR

In the Matter of

Baljinder Singh Pannu, M.D.
License Number: 43-01-066542

FILE NO.: 43-09-113970

PROOF OF SERVICE

State of Michigan)
)
County of Ingham)

I, Marcie M. Anderson, of Lansing, County of Ingham, State of Michigan, do hereby state that on August 8, 2012, I sent the following documents to each of the parties listed below, enclosed in an envelope bearing postage fully prepaid, plainly addressed as follows:

FINAL ORDER dated August 6, 2012

BY: (X) First Class Mail
 () Certified Mail, Return receipt requested

TO: Baljinder Singh Pannu, M.D.
 14040 Nadine St
 Oak Park, MI 48237

By Interdepartmental Mail to:

Bill Hurth, Manager
Bureau of Health Professions
Enforcement Section

Bridget K. Smith
Department of Attorney General
Licensing & Regulation Division
Lansing, MI

Marcie Anderson
Marcie M. Anderson
Health Regulatory Division

**STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE**

In the Matter of

**BALJINDER SINGH PANNU, M.D.
License Number: 43-01-066542**

File Number: 43-09-113970

FINAL ORDER

On April 3, 2012, the Department of Attorney General, Licensing & Regulation Division, on behalf of the Department of Licensing and Regulatory Affairs, Bureau of Health Professions, hereafter Department, filed an Administrative Complaint, hereafter Complaint, with the Disciplinary Subcommittee of the Michigan Board of Medicine, hereafter Disciplinary Subcommittee, charging Baljinder Singh Pannu, M.D., hereafter Respondent, with having violated sections 16221(a), 16221(b)(i) and 16221(h) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq.

The Complaint notified Respondent that, pursuant to sections 16231(7) and 16231(8) of the Public Health Code, supra, Respondent's failure to respond to the Complaint within 30 days from the date of receipt would be treated as an admission of the allegations contained in the Complaint and would result in transmittal of the Complaint directly to the Disciplinary Subcommittee for imposition of an appropriate sanction.

Contrary to section 16231(7) of the Public Health Code, supra, Respondent failed to provide a written response to the allegations set forth in the Complaint within 30 days from the date of receipt.

The Disciplinary Subcommittee, having read the Complaint, considered the within matter at a regularly scheduled meeting held in Lansing, Michigan, on July 18, 2012, and imposed a sanction pursuant to section 16231(8) of the Public Health Code, supra. Now, therefore,

IT IS HEREBY ORDERED that for the violations of sections 16221(a), 16221(b)(i) and 16221(h) of the Public Health Code, supra, Respondent's license to practice medicine in the state of Michigan is SUSPENDED for a minimum period of six months and one day, commencing on the effective date of this Order. Said periods of suspension shall run concurrently.

IT IS FURTHER ORDERED that reinstatement of a license which has been suspended for more than six months is not automatic and, in the event Respondent applies for reinstatement of her license, application for reinstatement shall be in accordance with sections 16245 and 16247 of the Public Health Code, supra. Further, in support of the application for reinstatement, Respondent shall supply clear and convincing evidence to the Michigan Board of Medicine that Respondent is of good moral character, is able to practice the profession with reasonable skill and safety, that it is in the public interest for Respondent to resume the practice, and that Respondent has met the guidelines on reinstatement adopted by the Department.

IT IS FURTHER ORDERED that in the event Respondent violates any provision of this Order, and if such violation is deemed to constitute an independent violation of the Public Health Code or the rules promulgated thereunder, the Disciplinary

Subcommittee may proceed to take disciplinary action pursuant to 1996 AACRS, R 338.1632 and section 16221(h) of the Public Health Code, supra.

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee's Chairperson or authorized representative, as set forth below.

Dated: 8/6/2012

**MICHIGAN BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE**

By Rae Ramsdell
Rae Ramsdell, Director
Bureau of Health Professions

This is the last and final page of a Final Order in the matter of Baljinder Singh Pannu, M.D., File Number 43-09-113970, before the Disciplinary Subcommittee of the Michigan Board of Medicine, consisting of three pages, this page included.

kp

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

In the Matter of

BALJINDER S. PANNU, M.D.
License No. 43-01-066542

Complaint No. 43-09-113970

ADMINISTRATIVE COMPLAINT

Attorney General Bill Schuette, through Assistant Attorney General Bridget K. Smith, on behalf of the Department of Licensing and Regulatory Affairs, Bureau of Health Professions (Complainant), files this complaint against Baljinder S. Pannu, M.D. (Respondent) alleging upon information and belief as follows:

1. The Board of Medicine, (Board), an administrative agency established by the Public Health Code (Code), 1978 PA 368, as amended, MCL 333.1101 *et seq*, is empowered to discipline licensees under the Code through its Disciplinary Subcommittee (DSC).

2. Respondent is currently licensed to practice medicine pursuant to the Public Health Code. At all times relevant to this complaint Respondent owned and operated Pain Management Center (PMC), originally located in Warren, Michigan. In 2010, Respondent relocated PMC to Troy, Michigan.

3. Section 16221(a) of the Code provides the DSC with the authority to take disciplinary action against a licensee for violation of general duty, consisting of negligence or failure to exercise due care, including negligent delegation to, or supervision of employees or other individuals, whether or not injury results or any conduct, practice or condition that impairs, or may impair the ability to safely and skillfully practice as a medical doctor.

4. Section 16221(b)(i) of the Code provides the DSC with the authority to take disciplinary action against a licensee for incompetence, which is defined in section 16106(1) of the Code to mean “a departure from, or failure to conform to, minimal standards of acceptable and prevailing practice from the health profession, whether or not actual injury to an individual occurs.”

5. Section 16221(h) of the Code authorizes the DSC to take disciplinary action against a licensee for violating, or aiding or abetting, in a violation of Article 15 or a rule promulgated under Article 15.

6. Section 16213(1) of the Code requires a licensee to keep and maintain a record for each patient for whom he has provided medical service, including a full and complete record of tests, examinations performed, observations made and treatments provided. Unless otherwise provided for, the licensee shall keep and maintain each record for a minimum of 7 years from the date of service to which the record pertains.

7. Section 16226 of the Code authorizes the DSC to impose sanctions against persons licensed by the Board if, after opportunity for a hearing, the DSC determines that a licensee violated one or more of the subdivisions contained in section 16221 of the Code.

GENERAL ALLEGATIONS

8. On October 1, 2009 an investigation was authorized by the Health Investigation Division (HID) of the Bureau of Health Professions based on data from the Michigan Automated Prescription System (MAPS) that revealed that Respondent was prescribing large quantities of Oxycontin 40 mg and Oxycontin 80 mg, schedule 2 controlled substances.

9. In December, 2011, Department Investigator Robert Regan contacted Respondent, through his attorney and asked him to provide records of patients D.A. (initials used to protect patient confidentiality), C.M., S.J. and W.C.

10. On January 11, 2012, Respondent's attorney provided Investigator Regan with records for D.A., C.M. and W.C. However, Respondent was unable to provide Investigator Regan with records for S.J., despite the fact that on February 24, 2008, Respondent provided HID with a signed survey indicating that S.J. was Respondent's patient.

11. Kenneth S. Rudman, M.D., an anesthesiologist and pain management practitioner retained by Complainant, reviewed Respondent's records for patients D.A., C.M. and W.C. Dr. Rudman opined that Respondent was not adhering to minimal standards of care for the treatment of pain in the following manners:

- a. Respondent's records for the above named patients contained inadequate documentation of a complete medical history and appropriate physical examination for the initial visit.
- b. Based on Respondent's records for the above named patients it appears he was prescribing high doses of opiate medication to patients with documented substance abuse issues. This is below the standard of practice
- c. Respondent's records also indicate that he repeatedly prescribed Roxicodone, Lortab, Soma and Xanax to the above named patients, despite the fact that these patients reported no change in pain and supplied urine samples that showed no trace of these drugs.
- d. On several occasions urine screens from the above named patients showed the presence of cocaine. Nothing in Respondent's records suggest he addressed the presence of cocaine or made the necessary referrals for the patient to obtain treatment. Instead, Respondent continued to refill the patients' prescriptions for Roxicodone, Lortab, Soma and Xanax.
- e. Respondent appropriately required the above named patients to sign a Pain Management Contract outlining the requirements the patients must meet in order to continue treatment at PMC. However, Respondent's records show that both C.M. and D.A. breached these agreements by testing positive for cocaine and providing urine samples that revealed they were not taking the medications prescribed to them, both of which are prohibited by the Pain Management Contract. In addition, D.A.'s MAPS report showed that D.A. was using three different pharmacies to receive prescriptions from three different physicians, which is also a violation of Respondent's Pain Management Contract. Despite this, Respondent did not discharge these patients from PMC and instead continued to refill their controlled substance prescriptions. This is below the standard of practice.

12. On March 30, 2011 a Federal Criminal Complaint was filed in the United States District Court for the Eastern District of Michigan charging Respondent with health care fraud and other related federal offenses in violation of Title 18 U.S.C.

1347.

COUNT I

13. Respondent's conduct as described above constitutes negligence, in violation of section 16221(a) of the Code.

COUNT II

14. Respondent's conduct as described above constitutes incompetence in violation of section 16221(b)(i) of the Code.

COUNT III

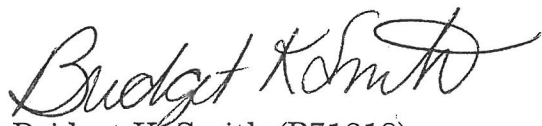
15. Respondent's conduct as described above constitutes a failure to keep and maintain a full and complete record for each patient for whom he has provided medical services, contrary to section 16213(1) of the Code in violation of section 16621(h) of the Code.

THEREFORE, Complainant requests that this complaint be served upon Respondent and that Respondent be offered an opportunity to show compliance with all lawful requirements for retention of the aforesaid license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated pursuant to it, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 *et seq*; MSA 3.560(101) *et seq*.

RESPONDENT IS HEREBY NOTIFIED that, pursuant to section 16231(7) of the Public Health Code, Respondent has 30 days from receipt of this complaint to submit a written response to the allegations contained in it. The written response shall be submitted to the Bureau of Health Professions, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, Michigan, 48909, with a copy to the undersigned assistant attorney general. Further, pursuant to section 16231(8), failure to submit a written response within 30 days shall be treated as an admission of the allegations contained in the complaint and shall result in transmittal of the complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

Respectfully Submitted,

BILL SCHUETTE
Attorney General

A handwritten signature in cursive script, appearing to read "Bridget K. Smith".

Bridget K. Smith (P71318)
Assistant Attorney General
Licensing & Regulation Division
525 W. Ottawa, 3rd Floor, Wms Bldg
P.O. Box 30758
Lansing, Michigan 48909
(517) 373-1146

Dated: April 3, 2012

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DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS
HEALTH REGULATORY DIVISION

PROOF OF SERVICE

In the Matter of:

BALJINDER S. PANNU, M.D.
License Number: 43-01-066542

File Number: 43-09-113970

STATE OF MICHIGAN)
COUNTY OF INGHAM)

On the date below I mailed a copy of:

Administrative Complaint dated April 3, 2012, with Compliance Conference Request Form
to:

Baljinder S. Pannu, M.D.
14040 Nadine St.
Oak Park, MI 48237

by: ☒ First Class Mail
☒ Certified Mail
☐ Registered Mail
☐ return receipt requested
☐ restricted delivery

With copies to:

Bill Hurth, Manager
Enforcement Section

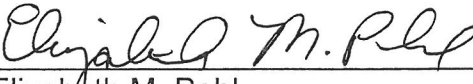
Bridget K. Smith
Assistant Attorney General
Licensing and Regulation Division

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City, State, ZIP+4	OAK PARK MI 48237
PS Form 3800, August 2006	
See Reverse for Instructions	

I declare that the statements above are true to the best of my information, knowledge and belief.

Maildate:
April 10, 2012


Elizabeth M. Pohl
Health Regulatory Division

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS
HEALTH REGULATORY DIVISION

PROOF OF SERVICE

In the Matter of:

BALJINDER S. PANNU, M.D.
License Number: 43-01-066542

File Number: 43-09-113970

STATE OF MICHIGAN)
COUNTY OF INGHAM)

On the date below I ^{per}mailed a copy of:

Administrative Complaint dated April 3, 2012, with Compliance Conference Request Form
to:

Baljinder S. Pannu, M.D.
475 Goodhue Rd.
Bloomfield Hills, MI 48304-3424

by: ☒ First Class Mail
☒ Certified Mail
☐ Registered Mail
☐ return receipt requested
☐ restricted delivery

With copies to:

Bill Hurth, Manager
Enforcement Section

Bridget K. Smith
Assistant Attorney General
Licensing and Regulation Division

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475 GOODHUE RD
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PS Form 3800, August 2006 See Reverse for Instructions

I declare that the statements above are true to the best of my information, knowledge and belief.

Maildate:
April 17, 2012

Elizabeth M. Pohl
Elizabeth M. Pohl
Health Regulatory Division